

FIG. 1

FIG. 2

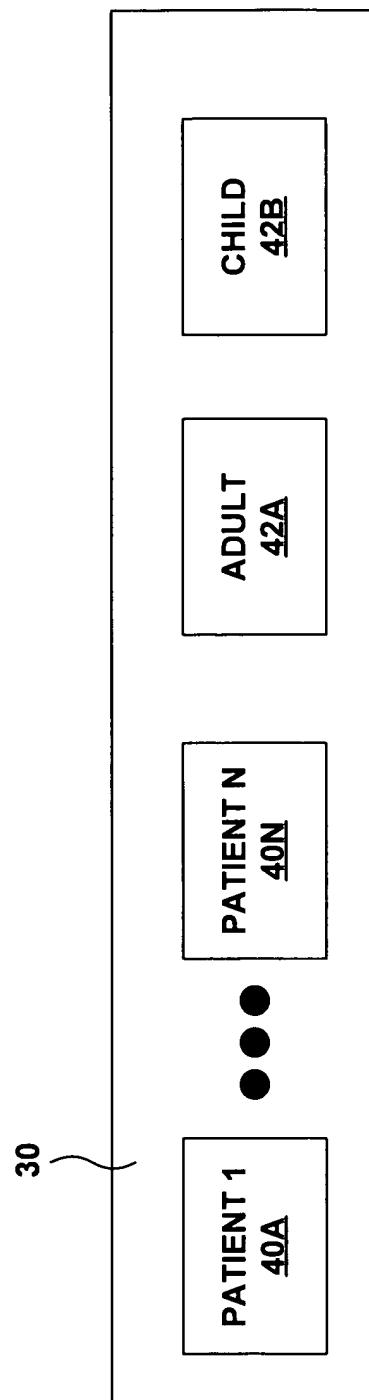


FIG. 3

|   |
|---|
| <u>PERSONAL INFORMATION:</u> NAME/D.O.B./GENDER   |
| <u>CONSENT INFORMATION:</u> CONSENT FOR CARE (E.G. "DO NOT RESUSCITATE")  |
| <u>CONTACT INFORMATION:</u><br>NAMES/INFO OF: PHYSICIAN, HOSPITAL, INSURANCE  |
| <u>MEDICAL INFORMATION:</u><br>HEIGHT, WEIGHT, MEDICATIONS, ALLERGIES, CHEST CIRCUMFERENCE, PRIOR CARDIAC CONDITIONS, IMPLANTED DEVICES, TRACKING INFORMATION FOR IMPLANTED DEVICES, NORMAL CARDIAC RHYTHM, STORED ECG WAVEFORMS, TRANSTHORACIC IMPEDANCE |
| <u>THERAPY INFORMATION:</u><br>THERAPY PARAMETERS   |

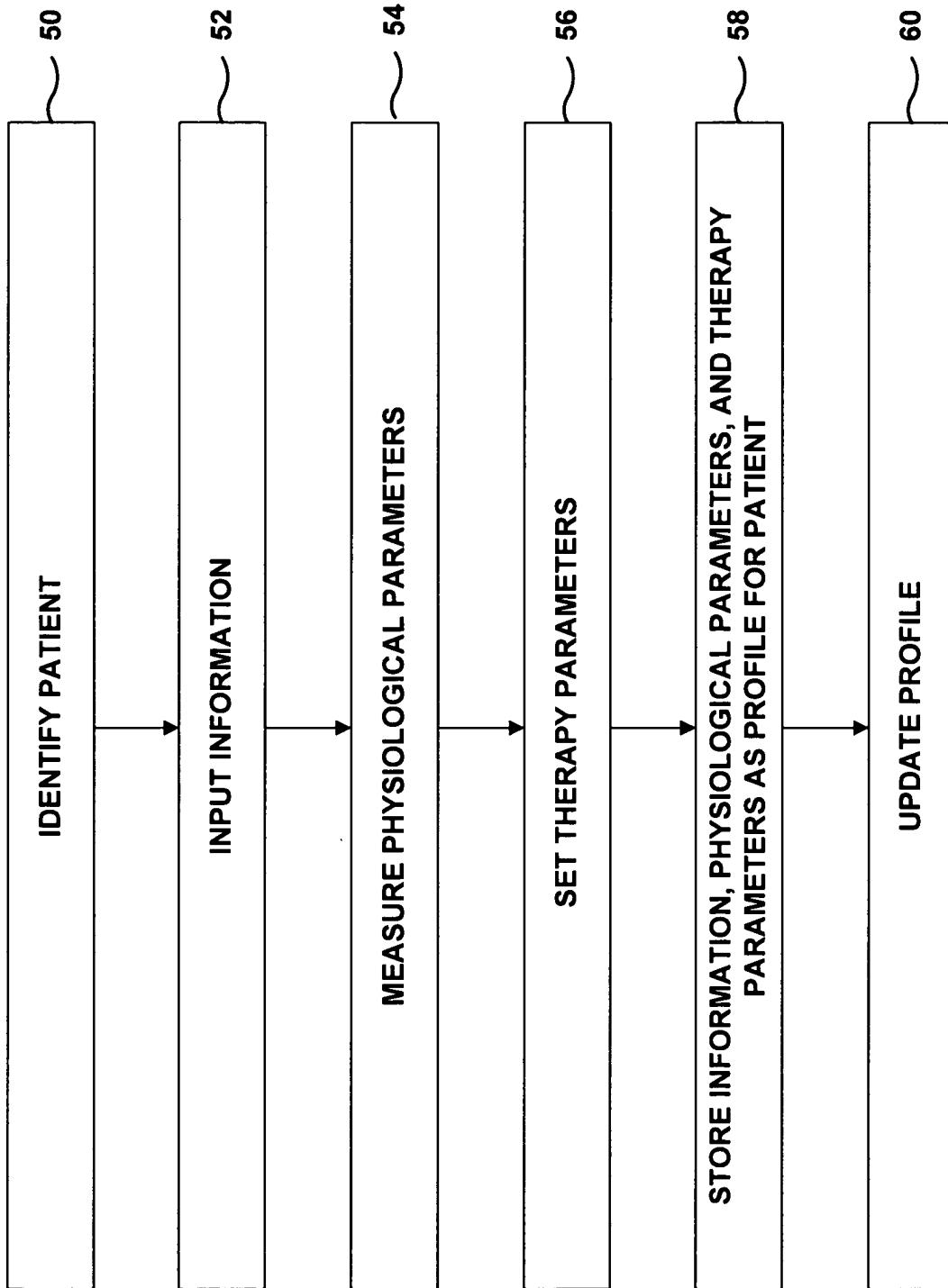


FIG. 4

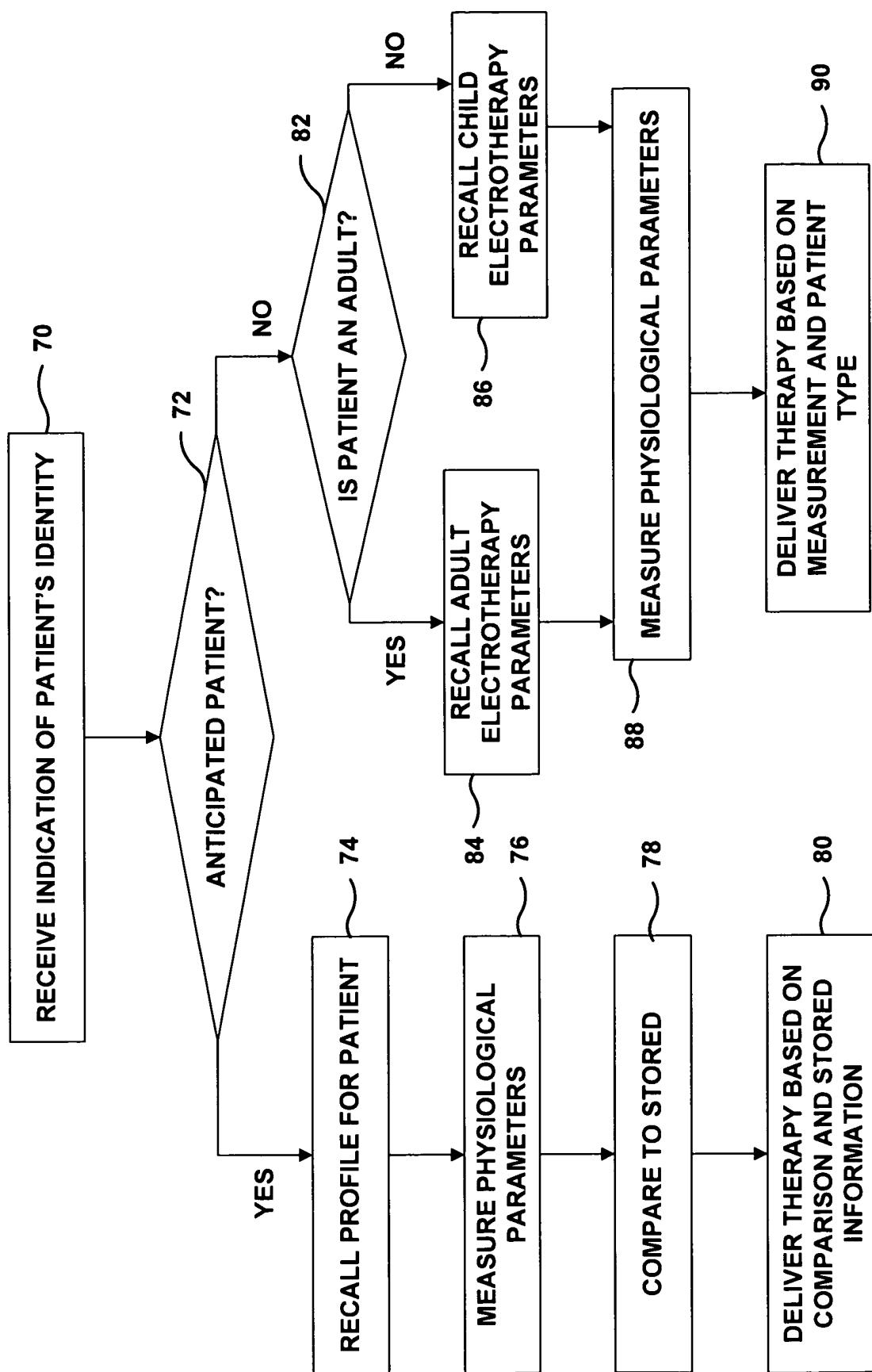


FIG. 5

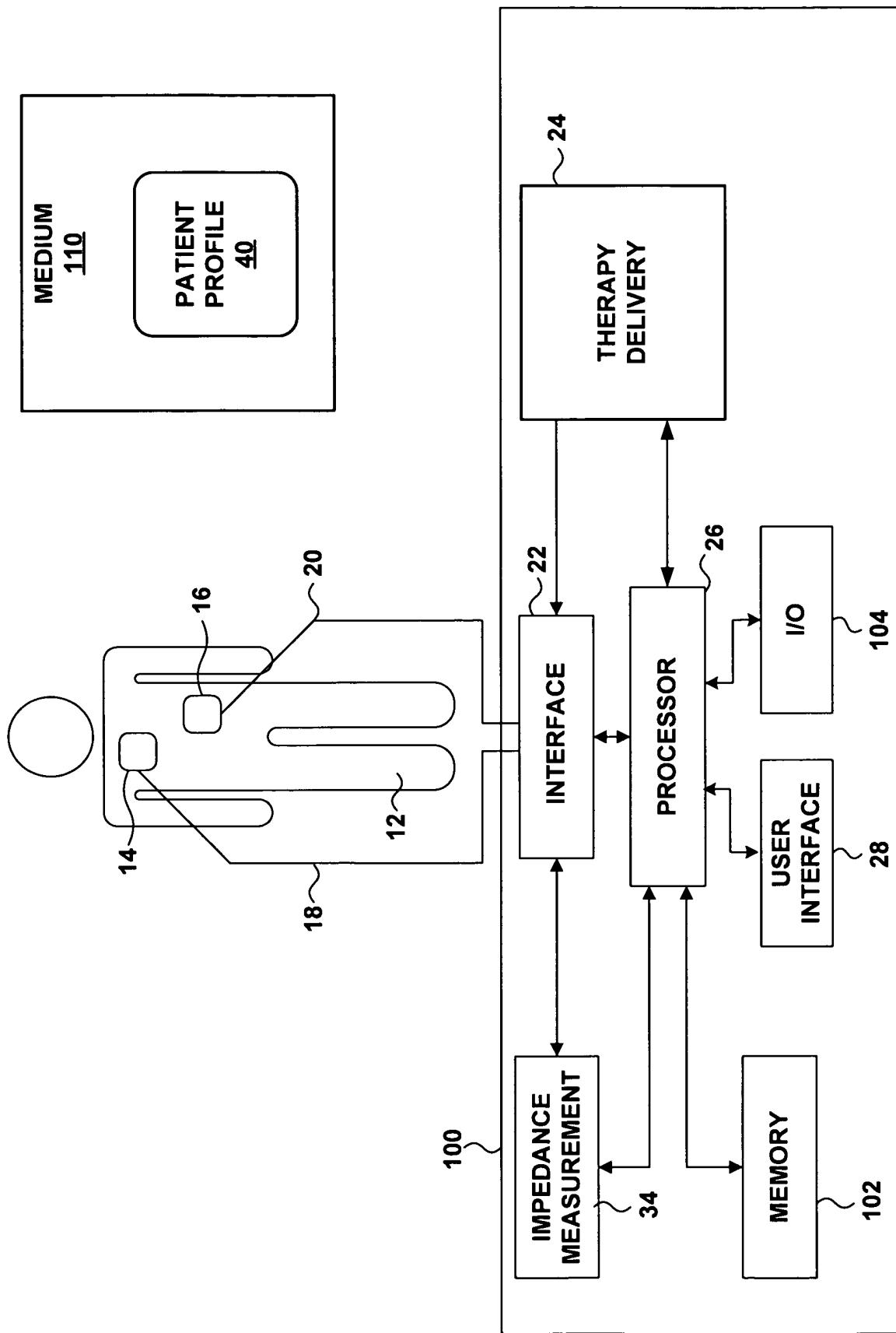


FIG. 6

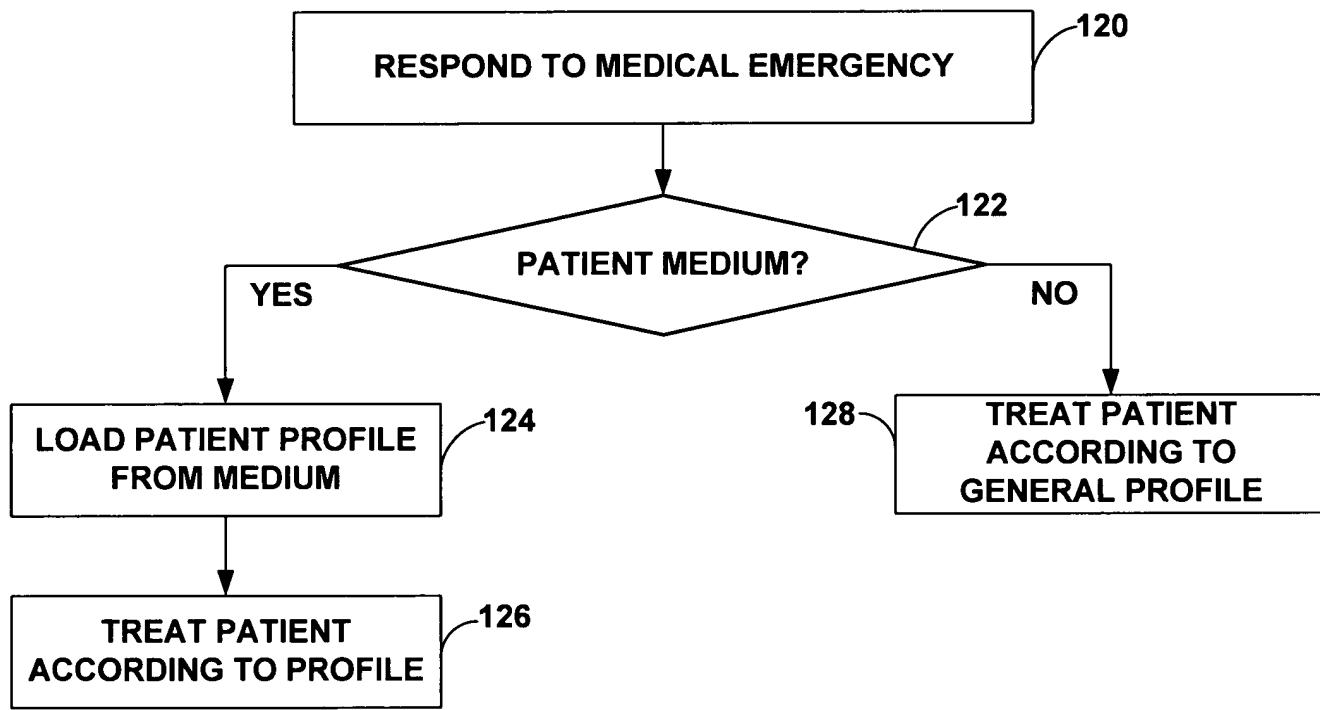


FIG. 7